

PRINTED: 07/23/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-991</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/17/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>Chisley's We Care Home Support</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2430 Shepherd Valley St Raleigh, NC 27610</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<b>V 000 INITIAL COMMENTS</b>  V 000 An annual and follow up survey was completed on 10/17/24. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.  This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients	V 000	<i>Received our correct packet on 11/18/24 after being sent another agency/company's SOD packet and then after due to the electronic version being sent to the wrong email address. This Information was given via email and phone conversation with the DHHS Supervisor, SP. Contacted DHHS spoke with Rep DR to please send an electronic email so I can have a Plan of Correction Electronic version since only receiving hard copy via mail on 11/18/24 DR also gave additional instructions on direction how to submit. <u>Please see attached documents.</u></i>	<b>12/6/24</b>
V 118	<b>27G .0209 (C) Medication Requirements</b> 10A NCAC 27G .0209 MEDICATION REQUIREMENTS  (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug	V 118	<b>The Plan of Correction...</b>  <b>See Below</b>  <div style="border: 1px solid red; padding: 5px; color: red; text-align: center;">RECEIVED BY MHL &amp; C 12/16/24</div>	

*Plan of Corrections**MHL*  
*pg. 1 of 5*



<p><i>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to administer medications on the written order of a physician and failed to keep MARs current for 1 of 3 clients (#3). The findings are:</i></p> <p>Review on 10/11/24 of client #3's record revealed: - admitted 1/2/24 - diagnoses: Intellectual Developmental Disability, Intermittent Explosive Disorder, Bipolar and Attention Deficit Hyperactivity Disorder (ADHD) - a physician's order dated 9/17/24: - Quetiapine 150mg (milligrams) bedtime (Bipolar) - Melatonin 5mg bedtime (sleep) - Desmopressin 3mg bedtime (bed wetting) - Divalproex 500mg bedtime (Bipolar) - Guanfacine 1mg twice a day (ADHD) - Divalproex 250mg morning - a physician's order dated 5/21/24: Emtricitabine 200mg everyday (prevent human immunodeficiency virus) - a physician's order dated 5/19/24: - Losartan potassium 50mg (blood pressure) - Ferrous Sulfate 325mg (iron) - Amlodipine 5mg everyday (blood pressure)</p> <p>Review on 10/11/24 of client #3's September &amp; October 2024 MARs revealed: - Divalproex 250mg morning was not listed on the September or October MARs - no documentation of medication administered by staff for the above medications from 9/25/24 - 9/30/24</p> <p>- refused to take all his medications documented on 9/24/24</p>		<p><b>Plan of Correction...</b></p> <p>-Scheduled to Retrain for Medication Management on Dec 17th. I will forward the updated certificate after training is completed.</p> <p>-Contacted pharmacy while State Rep was present. Pharmacist was made aware that they missed AM Med on MAR but did have correct medication in Pre-pack. Pharmacy sent an updated MAR copy since this was due to the pharmacy not having the AM Divalproex medication on the updated MAR. (See Attachment)</p> <p>-Made correction and initialed Med Error for these unmarked AM days 9/25 -9/30.</p>	
---	--	--	--

*Plan of Correction* *Althos*  
2 of 5



V 290	<p><b>27G .5602 SUPERVISED LIVING - STAFF</b></p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p><i>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 3 clients (#3) was capable of remaining in the community without supervision for specified periods of time. The findings are:</i></p>	V 290	<p><b>Plan of Correction...</b></p> <p><b>See Below</b></p> <p>-We feel there's a Discrepancy with this and should not have been cited for this area of support.</p> <p>-Alliance completed a risk assessment that was attached and documented to determine Client #3 6 hrs of Unsupervised time along with contacts from Alliance Care Managers and CBC Case manager on 2 occasions speaking with State rep informing her to see the current ISP that was sent to her for confirmation of Client#3 Unsupervised Time in which was decided by the team including Client#3 guardian and dad collectively put this plan in place for clients #3 is the reason we feel this should not make us as AFL providers responsible for the supporting of our clients #3 agreeing with the team as this was not a 1 person's decision. Our job is to support and advocate for our clients even during their setbacks that we are made aware of prior to clients transitioning with us.</p> <p><i>To address these concerns the following steps were also taken...</i></p> <p>The team met that included the guardian, Alliance Care Manager, AFL Providers, CBC Case Manager Clients #3 dad and clients #3 Brother as well as NCStarts Clinical Coordinator also had a conversations with Client#3.</p> <p>-He was Informed that his placement was in jeopardy and he would be discharged if he continued to fail to comply with his treatment plans and medications regimens including the Invega Injections.</p> <p>-Though far client#3 have been attending his therapy sessions as scheduled.</p> <p>-He's been Checking in with an AFL provider and his guardian regularly as required.</p> <p>-He was taking his Invega shots scheduled until recently when his Med Management doctor discounted the Invega Injection due to...discovering that it was causing him to experience Hallucination, Hearing Voices and Increasing Bedwetting. Doctor took him off of it immediately.</p>	
-------	---	-------	---	--

*Plan of Correction*

*30/5*



V 291	<p><b>27G .5603 Supervised Living - Operations</b></p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p><i>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other Qualified Professionals who are responsible for the treatment/habilitation for 1 of 3 clients (#3). The findings are:</i></p>	V 291	<p><b>Plan of Correction...</b></p> <p><b>See Below</b></p> <p>We feel there's a Discrepancy with this...</p> <p>-Yes, we did in fact reached out to other Qualified Professionals.</p> <p>EG/Psychologist, EO/Clinical Coordinator, SD/Alliance Care Manager and GR/CBC Qualified Professional as evidence via our team meetings direct phone calls and via emails.</p> <p>No Documentation of the Invega Injection was administered.</p> <p>-It was never administered due to client #3 refusing to get out of the car to take it. Nurse asked client #3 if she can administer it to him while in the car and client#3 said no is the reason we had to document on the MAR the Refusal Code that indicated that he chose not to take this Invega Injection.</p>	
-------	---	-------	---	--

*Plan of Correction*

*[Signature]*

40FB



V 752	<b>27G .0304(b)(4) Hot Water Temperatures</b>  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT  (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.  (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.	V 752	<b>Plan of Correction...</b>  -Adjusted the water heater while state Rep RS was present.  -Water Heater will be checked periodically to prevent this in the future.  -Have the Water Heater company come back out to check since we just replaced it last year to also make sure this doesn't happen again.  <i>Plan of Protection</i> was completed with state Rep RS on 10/17/24 while in our home and turned into RS on 10/17/24 via hard copy.  -Sending penalty payment of the \$500 for the hot water infractions to address on letter at  Payment of the penalty is made to the  Division of Health Service Regulation and mailed to the Mental Health Licensure and Certification Section,  2718 Mail Service Center Raleigh, North Carolina 27699-2718	
-------	--	-------	---	--

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
STATE FORM 6899 ZL2811

TITLE (X6) DATE

Plan of Correction

*[Signature]*

5/25